

P00000010927

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
00 JAN 26 PM 12:42
TALLAHASSEE, FL 32314
2000031111111111
-01/26/00-01056-015
*****78.75 *****78.75

SUBJECT: Hedi-Tech Medical Center Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: OSCAR LESCAND
Name (printed or typed)

3136 SW 23 TERR.
Address

Miami, Fla. 33145
City, State & Zip

305-448-3829
Daytime Telephone number

FILED
00 JAN 26 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MEDI-TECH MEDICAL CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3136 S.W. 23 TERR.
Miami, Fla. 33145

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OSCAR LESCANO
3136 SW 23 TERR.
Miami, Fla. 33145

ARTICLE V INCORPORATOR(S)

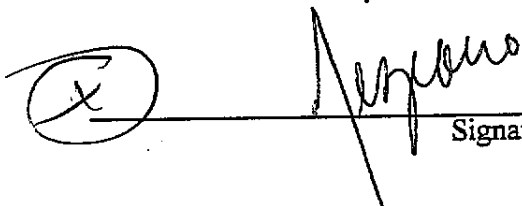
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

OSCAR LESCANO
3136 S.W. 23rd AVE
Miami, Fla. 33145

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of JANUARY, ~~19~~ 2000.

_____
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MEDI-TECH MEDICAL CENTER INC.

2. The name and address of the registered agent and office is:

OSCAR LESCAND
(NAME)

3136 SW 23 TERR.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FLA. 33145
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(X) [Signature]
(SIGNATURE)

1-21-00
(DATE)